



ORAL HEALTH IN WYOMING

WYOMING DEPARTMENT OF HEALTH

EXECUTIVE SUMMARY





“Research confirms the link between oral disease and whole body health, with **the mouth as an indicator to other serious health problems**, such as cardiovascular disease, stroke, and bacterial pneumonia. This study is critical for not only oral health, but also overall health and wellness – meaning that prevention is central to mitigating higher treatment costs for Wyoming people.”

- **Dr. Brent D. Sherard**,
Director and State Health
Officer, Wyoming
Department of Health

“The Oral Health Initiative is timely and important. **Dental disease is almost entirely preventable**, meaning Wyoming people can be healthier – especially vulnerable populations such as children and seniors – with effective policies, such as education.”

- **Dr. Bruce Whiting**,
Interim Staff Dentist,
Wyoming Department of
Health

TABLE OF CONTENTS

Overview of the Oral Health Initiative	pg. 3
Statewide Fluoride Survey	pg. 4
Targeted Wyoming Populations	pg. 6
Oral Cancer – The Silent Killer	pg. 12
Dental Workforce Challenges and Access to Care	pg. 13

The Oral Health Initiative is the first comprehensive report on the oral health of Wyoming in over 20 years. For health policy administrators and dentists, this information is critical to future care. For legislators and policymakers, the information creates a foundation for future policy decisions. This study is intended to enhance our ability to target care and resources in order to improve the oral health of Wyoming.



AN OVERVIEW OF THE ORAL HEALTH INITIATIVE

WYOMING'S ORAL HEALTH BY THE NUMBERS:

WDH and WyDA partnered to assess the “State of the Mouth” in Wyoming for the first time in 20 years.

- 5,300 Wyoming 3rd graders received dental screenings
- 6,000 oral health surveys distributed to Wyoming seniors
- Over 2,000 oral health surveys delivered to expectant mothers
- 104 individual fluoride tests in communities around the state
- Hundreds of volunteer hours donated by Wyoming dentists

In 2009 Governor Dave Freudenthal signed legislation from the Wyoming Legislature authorizing the first complete Wyoming oral health study of state residents in more than 20 years. The Oral Health Initiative (OHI) was aimed at answering key oral health questions central to better treatment, prevention, education and, ultimately, improved cost savings to the State of Wyoming.

The OHI Study is the culmination of work that began over five years ago. The Wyoming Dental Association (WyDA) sought to strengthen oral health care statewide, and included the Wyoming Nebraska Dental Education Program (WYDENT) to provide education and place more dentists in Wyoming communities. Since then, legislators, the Governor's office, and Wyoming Department of Health (WDH) professionals teamed with the WyDA in a public-private partnership to stretch a \$50,000 appropriation as far as possible, using volunteer dentists and WDH staff to reach all Wyoming counties. The WyDA also produced and sponsored statewide Public Service Announcements regarding the importance of oral health to Wyoming children, seniors and adults in an outreach plan, “Your Teeth, Your Health, For Life.”

Since the OHI bill was signed into law, the WDH and the WyDA led a statewide effort gathering data on the oral health of Wyoming expectant mothers, children, and seniors, along with other valuable information throughout every Wyoming community.

WDH scheduled screenings with schools and WyDA members volunteered 276 hours to screen individually 5,300 third-graders in communities across the state. The Wyoming Department of Education, school districts throughout the state and school nurses were instrumental in the success of screening thousands of students. Wyoming third-graders in each county and community were screened and assessed.

In addition, the Oral Health Initiative collected fluoride data identifying which Wyoming communities are using fluoridation or relying on natural fluoridation and at what levels. The information

is the basis of a fluoridation map that helps to begin identifying links between fluoridation and oral health for local communities, schools and policymakers. Oral cancer information was also examined to better understand the impact of oral cancer on Wyoming residents. Additionally, pregnant women were surveyed to evaluate access to dental care, oral health and knowledge of early childhood oral health. Data from an existing WDH survey was also examined to evaluate oral health in pregnant women. Data from Wyoming's Behavioral Risk Factor Surveillance System (BRFSS) was examined to assess the oral health of adults in Wyoming. Lastly, a survey was conducted to assess oral health needs and access to care among Wyoming's senior population.

The epidemiological based study that follows this executive summary enables Wyoming policymakers, the WDH and WyDA to work together to develop cost-effective strategies to address specific areas of prevention, treatment and education needed for the citizens of Wyoming.

Everyone has a stake in this issue. Untreated dental decay often results in lost school or work hours and expensive interventions and treatments. People may eventually seek care in hospital emergency rooms, most of which aren't well equipped to handle dental emergencies, and where the cost of treatment is far greater than a dental office visit. An increased focus on providing the best possible solutions to oral health in Wyoming will pay dividends.

Most importantly, we need to communicate better and more broadly that taking care of your mouth is the most critical component of oral health. Many citizens do not fully understand preventive oral health; things like brushing, flossing, eating a healthy diet and drinking fluoridated water. Government, business leaders, insurance providers, healthcare professionals and individuals all need to develop access to oral health care solutions that will work widely for all populations and demographics in our Wyoming communities



FLUORIDE SURVEY

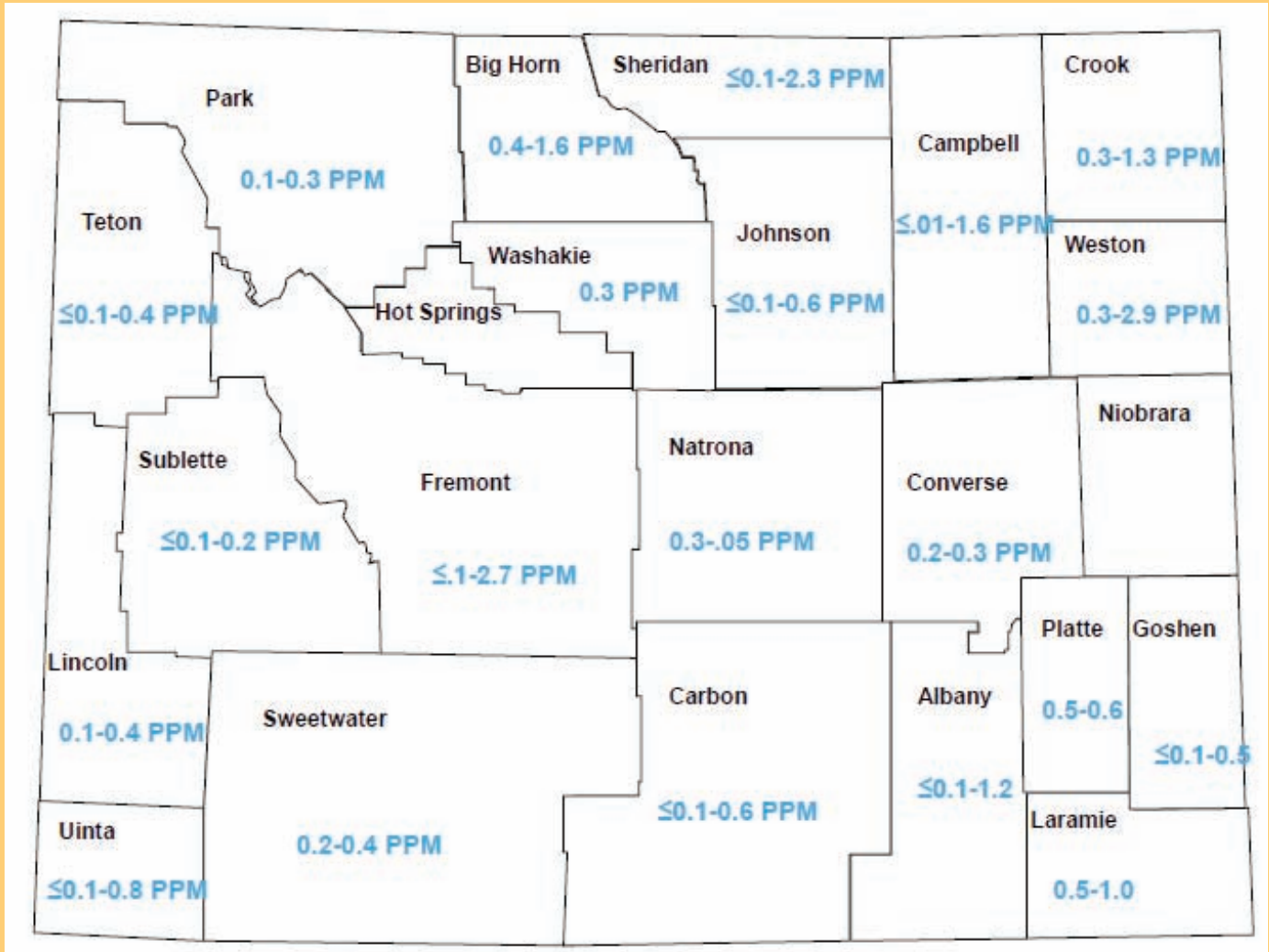
Community water fluoridation has been named by the U.S. Centers for Disease Control and Prevention (CDC) as one of the ten greatest public health achievements of the 20th century because it can help prevent dental decay in all members of a community regardless of age or socioeconomic status. Approximately one-third of public water systems in the country are not fluoridated, even though fluoridation is the single most effective public health measure to protect against tooth decay.

As part of the Oral Health Initiative, 104 water samples were collected from schools across Wyoming. Schools on community water systems and private wells were included in the study. The recommended range for fluoride in drinking water is 0.7 mg/L – 1.1 mg/L.

OHI STUDY FINDING

The majority of Wyoming schools sampled (75.96%) had fluoride levels below the recommended range. To help address this challenge, the WDH conducts several programs to address the low fluoride levels in many areas, from fluoride mouth rinse programs in schools, fluoride varnish programs for at risk children in Head Start and preschools, to Medicaid reimbursement for physician and dentists for fluoride varnish applications. These programs have cumulatively touched over 6,000 Wyoming children annually.

MAP OF FLUORIDE RANGES BY COUNTY, WYOMING*



*Fluoride levels for Hot Springs and Niobrara counties are not shown, as only one school participated in each county

STRATEGIES TO IMPROVE WY'S ORAL HEALTH – FLUORIDE

- A better understanding of community fluoride levels statewide will enable cost effective, targeted strategies for improvement of oral health in these communities. A comprehensive survey to map fluoride levels should be considered. Results from this survey would assist communities wishing to initiate community water fluoridation. Dentists and physicians will utilize this information when prescribing fluoride supplements.

- Expand the most cost effective oral disease prevention measure by educating local communities about the importance of community water fluoridation, better ascertaining the level of fluoridation in their water currently, and demonstrate a linkage to

the oral health of their children. According to the CDC's national fluoridation engineer, the installation cost of fluoridation equipment as of 2009 is approximately \$15.00 per person with operating costs thereafter of \$2.00 per person. This small investment could prevent far costlier interventions at a later time.

- Determine which communities utilize centralized water fluoridation, and develop strategies to assist with regulating and maintaining proper fluoridation levels in these communities.

- Provide a model ordinance for cities and counties to utilize when debating fluoride level adjustments to their water supply. The model should include average cost per person

to implement and maintain fluoridation, and should address the potential for use of government and non-government grant money for cities and rural water districts.

- Continue and expand cost effective prevention programs, such as the fluoride mouth rinse and varnish programs, and health provider reimbursement incentives, to address the shortage of community water fluoridation.

- Educate and encourage residents living in areas with low levels of fluoride to seek guidance on fluoride supplementation from their dentist, physician, school nurse or community oral health coordinator.

WYOMING POPULATIONS: **THE “STATE OF THE MOUTH”**



The goal of the OHI is to improve the oral health of Wyoming residents by using the data collected to target the greatest geographic and demographic areas of concern with the State and private sector's limited resources. The OHI Study surveyed expectant mothers, children, and seniors to develop the baseline data to determine who geographically and demographically is accessing dental care and who has active dental disease.



WYOMING POPULATIONS: EXPECTANT MOTHERS

Oral health is extremely important during pregnancy. A woman’s oral health status has the potential to affect the health of her unborn child, as well as the outcome of her pregnancy. Additionally, the physiological changes she will undergo may adversely affect her oral health by increasing her risk of developing gingivitis, periodontal disease, and dental decay. There is an association with an increased risk of pre-term labor, preeclampsia, gestational diabetes, and delivering a low birth weight infant.

The 2010 Oral Health Initiative Survey of Pregnant Women collected information from pregnant women served by county Women, Infants and Children (WIC) Program offices and private prenatal care providers. Staff from participating providers and WIC clinics distributed the surveys to pregnant women seen in their offices during January and February 2010. A total of 380 pregnant women from 18 Wyoming counties participated in the survey, which complemented existing survey efforts of this group.

OHI STUDY FINDING

NEEDED: Education about the importance of regular dental care for expectant Wyoming mothers

More than one third of all pregnant women surveyed (35.8%) reported having a toothache or other dental problem during the past six months. The percentage is higher among pregnant women without dental insurance and those 18 to 19 years of age. Nearly half (43.6%) of pregnant women had not visited a dentist in the past year.

Fewer than half (34.6%) of pregnant women who needed to see a dentist for a problem during their pregnancy reported actually going to see a dentist or dental clinic during their pregnancy. Women with dental insurance were more likely to report being seen or planning to see a dental provider during pregnancy. The adjoining table illustrates barriers to receiving care reported by women in the study.

Wyoming Pregnancy Risk Assessment Monitoring System (PRAMS) survey data were also used to assess use of oral healthcare during pregnancy. Less than half of all PRAMS respondents reported going to see a dentist or dental clinic during pregnancy. The prevalence of needing to see a dentist for a problem during pregnancy was higher among respondents 34 years of age and younger, while a greater proportion of respondents 35 years of age and older reported visiting a dentist or dental clinic during pregnancy. Health insurance coverage prior to pregnancy was associated with accessing dental care during pregnancy.

The WDH provides oral health education programs for pregnant women and mothers of young infants through prenatal classes, WIC clinics, and Head Start parent classes. Information is provided on tooth development, nutrition, cause and prevention of tooth decay, the importance of primary teeth, and the importance of taking a child to the dentist by one year of age. Each participant is given educational materials on oral hygiene, a toothbrush and a “Tender Touch” to clean the mouth of the infant.

Barrier to Receiving Dental Care	Percent	95% CI
Not serious enough problem	3.2%	1.4-4.9/
Did not have insurance	26.3%	21.9-30.7
Trouble getting appointment	5.3%	3.0-7.5
Dentist hours inconvenient	0.0%	0.0-0.0
Transportation barrier	5.3%	3.0-7.5
Dentist did not take Medicaid/insurance	4.2%	2.2-6.2
Do not like/trust/believe in the dentists	1.1%	0.0-2.1
No dentist available	1.1%	0.0-2.1
Did not know where to go	2.1%	0.7-3.6
Wait was too long in clinic/office	2.1%	0.7-3.6



“We must build public and private partnerships to provide opportunities for individuals, communities and health professionals to work together and improve the nation’s oral health.”

David Satcher, MD, PhD,
16th Surgeon General of
the United States

WYOMING POPULATIONS: **CHILDREN**

According to the Centers for Disease Control and Prevention (CDC), tooth decay is the most common chronic childhood disease with over 50 percent of children ages five to nine years having at least one cavity or filling. The daily reality for children with untreated oral disease is often persistent pain, inability to eat comfortably or chew well, embarrassment at discolored and damaged teeth, and distraction from their studies. If left untreated, decay can progress to the softer structures of the tooth, which can lead to infections, abscess, or death in severe cases. Furthermore, tooth appearance as young adults can affect future employment viability and other key social issues.

WyDA members volunteered 276 hours to screen 5,300 third-graders in 90% of public schools from communities all across the state. Children were screened for untreated decay, treated decay, sealants, and treatment urgency. The Wyoming Department of Education, school districts throughout the state, and school nurses were instrumental in the success of screening thousands of students. Due to this monumentally successful public-private partnership, Wyoming third-graders in each county and community were screened and assessed at minimal cost to the State.

OVERALL, THE STUDY FOUND THREE KEY FACTORS AFFECTING OUR CHILDREN’S ORAL AND OVERALL HEALTH:

- Rural children have higher levels of untreated decay. Today, due to the benefits of fluoride, healthier lifestyles, and professional dental care, more people than ever before are keeping their natural teeth throughout their lifetime. However, people who live in areas where a dentist is not available may find access to dental care difficult.

The OHI Study found that rural Wyoming schools were approximately three times more likely to have a higher prevalence of untreated decay than schools in higher population areas. This disparity may be attributed to the fact that rural areas tend to present more geographic barriers to access and communities may be too small to support a dental practice. Finally, schools in counties with fewer children per provider were approximately two times more likely to have a high prevalence of treated decay. Schools in counties with more children per provider were approximately two and a half times more likely to have a high prevalence of untreated decay. Schools in counties with fewer children per provider are approximately four times more likely to have a high prevalence of sealants. Presumably, with fewer children for a provider to see, appointments may be more readily available, allowing more children to receive dental care. These results demonstrate a clear link between access to providers and improved oral health in Wyoming’s children.

OHI STUDY FINDING

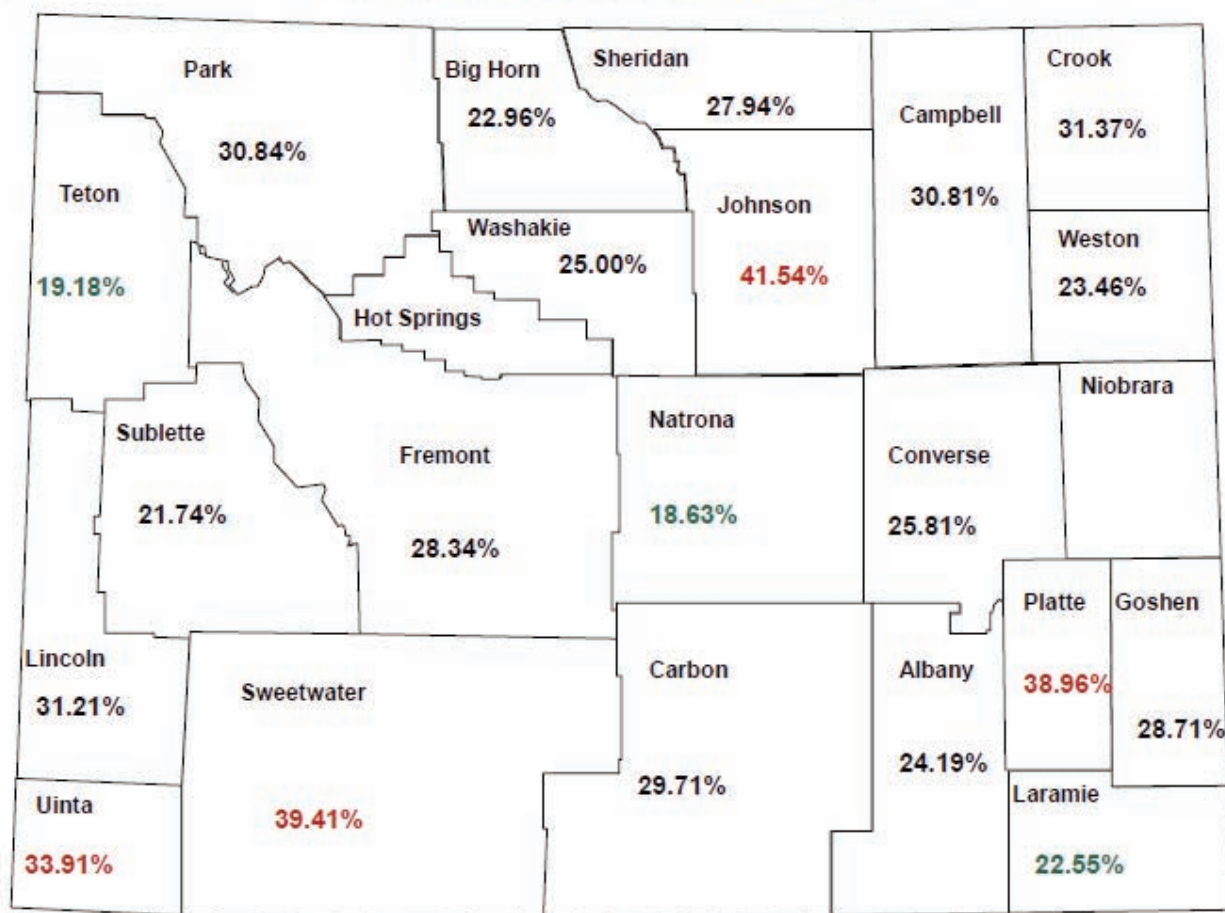
Needed: *Outreach for low income and minority children and parents*

The OHI study confirmed that Wyoming schools with a higher percentage of children eligible for the Free and Reduced Lunch (FRL) Program were more likely to have a higher prevalence of treated and untreated decay. Additionally, schools in low income health professional shortage areas were approximately two and a half times more likely to have a high prevalence of treated decay than schools in areas not classified as low income health professional shortage areas.

Results from the study also suggested that a larger percentage of minority third graders had untreated decay when compared to non-Hispanic White children. However, obtaining good dental care is not just about the money or geography. Private pay parents, as well as parents whose children are covered under public programs, still face hurdles such as lack of transportation and difficulty missing work.

Higher than State rate
Lower than State rate
Not different

Untreated Decay by County State Prevalence 27.24%



*Levels for Hot Springs and Niobrara counties are not shown as only one school participated in each county.

OHI STUDY FINDING

The OHI Study found that children with untreated decay who attend schools with less than optimal fluoride levels were more likely to need urgent dental care. This speaks to the benefit community water fluoridated is currently providing to Wyoming children in fluoridation communities.

CHILDHOOD OBESITY IS PREVALENT BUT ORAL HEALTH LINKS INCONCLUSIVE

Childhood obesity is reaching epidemic levels nationally. The survey provided a unique opportunity to collect the Body Mass Index (BMI) data from Wyoming public school students. While the study confirms that the prevalence of obesity among Wyoming third graders is in line with unfavorable national obesity trends, the study was unable to establish a relationship between BMI and oral health. Additionally, the relationship between having a vending machine at a Wyoming school and the prevalence of decay in those children was not found to be significant.

On a positive note, the study found that the percentages of Wyoming children with untreated decay and treated decay were not different from averages of children nationally or children from surrounding states. In fact, more Wyoming children had sealants than children nationally showing the success of many ongoing efforts.

Sealants, which can prevent tooth decay, were found among 49.2% of Wyoming third graders, nearly twice that of children nationally at 25%. The high prevalence of dental sealants in Wyoming subjects demonstrates the success of the WDH Sealant Program.

Statewide, 27.24% of Wyoming public third grade students screened had untreated decay. This is not significantly different than the national prevalence of treated decay of 25.8%. Among students with untreated decay, 24.85% needed urgent treatment. Compared to the statewide prevalence, four counties had a significantly higher prevalence of untreated decay, and three counties had a significantly lower prevalence of untreated decay.



WYOMING POPULATIONS: **ADULTS AND SENIORS**

Oral health is a lifelong concern, affecting not only children and pregnant women, but also adults and seniors. Years of exposure to bacteria and decay can mean that dental problems are cumulative. Consequences of poor oral health include pain, tooth loss, social stigma, self-consciousness, malnutrition, and an overall decreased quality of life.

Information from Wyoming's BRFSS was used to assess oral health in adults 18 years of age and older.

BRFSS data indicate that in 2008, 68% of Wyoming adults reported having received dental care in the last year, which is slightly lower than the U.S. median of 71.3%.

EDUCATIONAL LEVEL LINKAGE TO ORAL HEALTH

The prevalence of having a dental visit in the past year increased with increasing education level. Yearly visits were most commonly reported among Wyoming

adults who were college graduates and least common among adults with less than a high school education.

Adults living in rural counties were less likely to report having a dental visit in the past year compared to adults living in more populated counties.

To specifically address Wyoming's senior population, the OHI Survey of Senior Citizens collected information from seniors served by county senior citizens centers, home health visitation and community Meals on Wheels programs. A total of 1,989 senior citizens from 22 Wyoming counties participated in the survey, from all but one county in Wyoming. The survey of senior citizens is a first in collecting oral health field data from Wyoming senior citizens.

WY SENIOR POPULATION RECEIVING DENTAL CARE

Approximately one third (29.8%) of seniors reported having a toothache or other dental

problem during the past six months. Interestingly, the highest prevalence (47.2%) of reported toothache or other dental problem was found among the youngest age group (55 to 59 years of age) of respondents.

Positively, nearly 80% of seniors did not report having unmet dental needs in the past twelve months. These results are unexpected considering the rural nature and geographic barriers of Wyoming. Even though the BRFSS reports that adults living in rural counties were less likely to report having a dental visit in the past year compared to adults living in more populated counties, the primary barriers Wyoming seniors reported to receiving dental care were cost of dental care and insurance coverage. While there is room for improvement, the low proportion of Wyoming senior citizens reporting unmet dental needs demonstrates the outreach of Wyoming dentists and the WDH Oral Health Prevention Program.

FURTHER STRATEGIES TO IMPROVE WY'S ORAL HEALTH FOR ALL TARGETED POPULATIONS

INCREASING PREVENTION, EDUCATION AND ACCESS TO CARE

- ✓ Continue and expand the highly successful Community Oral Health Coordinator (COHC) Program to support and sustain the development of regional safety net dental hubs in Community Health Centers. The COHCs perform outreach and education regarding oral disease prevention and oral hygiene (brushing, flossing, and diet) for parents, pregnant women, and children. Oral health programs are also conducted for local governments, school officials, and community organizations. The COHCs conduct dental screenings and referrals to dentists for treatment (triage), fluoride varnish applications and fluoride mouth rinse programs. The COHCs help people navigate the public health system to get the dental care they need by making arrangements with local dentists to see the referred children.

- ✓ Pilot expanded duty COHC programs in targeted communities to develop the team Dental Home approach for delivering care. The COHCs, with the supervision of a dentist, would work within the underserved community to provide prophylaxis (cleanings), and apply dental sealants and fluoride treatments. These COHC may need to be certified by the American Dental Association.

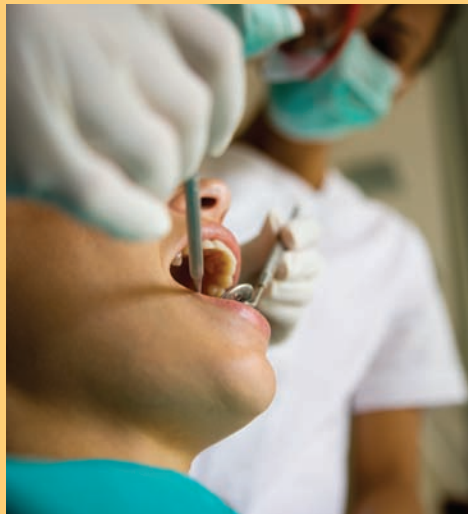
- ✓ WDH should communicate to the WYDENT program and WyDA the data regarding the communities with the least served populations, and accompanying oral health data from the OHI Study, to assist in targeted dental care efforts in these rural areas to meet the need.

- ✓ Continue WDH presentations on oral hygiene and care of dentures to staff in Wyoming nursing homes. WDH also provides materials for presentations made by the nursing home's staff dentist.

- ✓ Develop a diverse statewide network of Dental Champions which promotes oral health through community, regional, and statewide initiatives.

- ✓ Revive the Oral Health Coalition to develop and advocate for oral health policy.

- ✓ Continue the presence and support of a full-time state dental director as an indication of state commitment to addressing oral health problems.



- ✓ Create a Wyoming Oral Health Plan. A key element in successful oral health policy is the development and maintenance of a state oral health improvement plan that, through a collaborative public-private process, selects appropriate strategies for target populations, establishes integrated interventions, and sets priorities for the state. Examples include:

- ▶ COHCs and dentists should target prevention efforts toward schools with a high percentage of children eligible for FRL programs and schools with high minority enrollment.

- ▶ WDH should partner with Wyoming Medicaid and dentists to initiate programs at the local level to provide emergency and continued care and Dental Homes for school age children.

- ▶ Efforts should be made to increase the number of providers in areas with high child to provider ratios. COHCs should target interventions in these areas.

- ▶ Create incentives and encourage partnerships between nursing homes and local dentists to provide oral healthcare for their residents. Additional studies should include the nursing home population.

- ▶ Expand oral disease prevention measures, especially school-linked oral health programs, use of fluoride varnish and dental sealants, and community water fluoridation.

- ✓ The State of Wyoming should encourage all school districts to require a dental assessment of children entering kindergarten to not only assess oral health, but to create an opportunity to educate caregivers about the importance of personal responsibility in preventing oral decay. Increase the promotion of programs like "Text4Baby" that sends periodic text messages to pregnant women and new mothers with oral health information that is relevant to their baby based on his or her stage of development. Partnerships between WyDA, WDH, and hospitals to distribute educational materials to new moms.

- ✓ Better education for those in a position to stop the cycle of oral disease, including pregnant women, parents of young children, and caregivers of vulnerable populations concerning the important connection between oral health and overall health.

- ✓ Better promote healthy childhood nutrition, especially pre-school and school nutrition programs.

- ✓ Increase the Medicaid dental provider network through increased program funding, incentives, and outreach.

- ✓ Promote oral health as part of health reform initiatives at both the state and federal levels.

- ✓ Collaborate with medical professionals and other healthcare providers to integrate oral health- care, including fluoride varnish application, with general health promotion strategies. This will be specifically effective with each of the targeted populations. For example, physicians who provide obstetrical care and dentists could provide oral health education for their patients including instructions on preventing Early Childhood Caries and encouraging parents to establish a Dental Home for infants by one year of age.



ORAL CANCER – THE SILENT KILLER

The nation has made tremendous progress in reducing tobacco use over the past 40 years. Despite extensive knowledge about successful interventions to reduce tobacco use, approximately 18% of American adults still smoke, and smokeless tobacco use in areas like Wyoming is still very prevalent. Tobacco-related illnesses and death place a huge burden on our nation, with approximately 30,000 cases of oral cancer diagnosed each year and over 8,000 deaths attributable to oral cancer.

According to the National Cancer Institute, based on data from 1996-2003, the five-year relative survival rate for all stages of oral cancer combined was 60%. Overall survival rates for oral cancers are relatively low as they are typically discovered late in their development. Diagnosing at an early stage improves survival rates.

Tobacco use is a major risk factor for oral cancers. According to the American Cancer Society, eight out of ten people with oral cancer use tobacco products. There are many common public health focused interventions intended to reduce tobacco usage and save lives. These interventions, some of which have been deployed successfully in Wyoming, include extensive education efforts, requiring vendor licenses to sell over the counter tobacco products and in vending machines, restrictions on sales of tobacco to minors, restrictions on indoor smoking, increases in tobacco excise taxes, and restrictions on tobacco advertising. In fact, WDH has taken the pro-active step of purchasing an anti-tobacco sponsorship from a traditionally smokeless tobacco dominated forum, Cheyenne Frontier Days, to encourage a reduction of tobacco usage among traditional rodeo participants and attendees.

According to the BRFSS data, 19.4% of the Wyoming population above age 18 — over 78,000 individuals — are current cigarette smokers, thus ranking Wyoming 30th among the states. Among youth ages 12-17, 14.9% smoke in Wyoming, which unacceptably ranks Wyoming 50th among all states.

From 1999-2008, there were 551 cases of oral cancer in Wyoming, which translates to a rate of 10.41 per 100,000 people. The rate is much higher among males than among females.

The State of Wyoming provides a Quitline for smokers to obtain counseling at no cost. Additionally, the Medicaid fee-for-service program in Wyoming provides coverage for tobacco dependence treatment, as well as coverage for individual and group counseling.

STRATEGIES TO IMPROVE WY'S ORAL HEALTH: TOBACCO USE PREVENTION

- ✓ Continue efforts to enact Clean Indoor Air laws and ordinances at both the community and statewide level.
- ✓ Continue efforts to educate the public of the extreme health risks of tobacco usage.
- ✓ Continue Quitline support for Wyoming's smokers and Medicaid coverage for tobacco dependence treatment.

DENTAL WORKFORCE AND ACCESS TO CARE

Americans have very good oral health. Generations ago, most people lost their teeth by middle age. Today, due to the benefits of fluoride, healthier lifestyles, and professional dental care, more people are keeping their natural teeth throughout their lifetime. Yet for people who live in areas where a dentist is not available or who cannot afford treatment, access to dental care can be difficult.

People might think that if we just had more dentists, there would not be an access to care problem. However, the overall number of dentists is not the only issue – it is also where they're located, how many people they are able to treat and whether people find a way to either afford treatment, qualify for public programs, or receive free care.

Wyoming currently has 263 actively practicing dentists, with over 56% over the age of 51. Approximately 45% of all dentists in the state graduated from a Wyoming high school. Wyoming dentists receive their dental education from Nebraska at the highest rate (50%), followed by Illinois (6%), and Missouri (5%). According to the most recent Wyoming Healthcare Commission Statistical Handbook, Laramie County has the most practicing dentists in the state (17% of the state total), while Niobrara County presently has no practicing dentist. Laramie and Natrona counties' dentists currently account for nearly one-third of all practicing dentists in the state.

Overall, 66.8% of dentists in Wyoming reported accepting Medicaid. The proportion of dentists that reported accepting Medicaid varied by county, with the highest proportion found in seven counties: Big Horn, Crook, Hot Springs, Platte, Sublette, Washakie, and Weston. Overall, there are nearly 600 children per dental care provider in Wyoming.

All children enrolled in Medicaid are entitled to comprehensive dental services. The ratio of children enrolled in Medicaid per dental care providers who reported accepting Medicaid for Wyoming was 172.5. According to Wyoming Medicaid claims data, in FY2009, 35.4% of Medicaid eligible children received a preventive dental service.

To meet the future needs of Wyoming's citizens, a continued and concerted effort must be made to increase our ranks of dentists and dental auxiliary staff in high need areas through cost effective and thoughtful strategies.

STRATEGIES TO IMPROVE WY'S ORAL HEALTH INNOVATIVE WORKFORCE SOLUTIONS

- ✓ Invest in dental workforce expansion for underserved areas and vulnerable populations through workforce development initiatives such as the Advanced Education in General Dentistry (AEGD) clinical residency program, other expanded dental residency opportunities, and the use of Extended Care Permits (ECP) for dental hygienists.
- ✓ Expand the duties of auxiliary dental staff, such as dental hygienists and dental assistants, with the direct supervision of a dentist.
- ✓ Continue and expand the success of WYDENT, including improved student pipeline efforts to grow Wyoming's own future dentists with roots in the state, to improve long term access to care in rural and underserved areas of the state.
- ✓ Formalize a relationship between the Wyoming Health Resources Network and the WyDA to maximize use of existing healthcare workforce recruitment infrastructure.

